Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2005**

Open to Public Inspection

**A** For the 2005 calendar year, or tax year beginning APR 1, 2005 and ending MAR 31, 2006

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization
THE AMERICAN BREAST CANCER FOUNDATION INC.

Number and street (or P O box if mail is not delivered to street address): 1220-B EAST JOPPA ROAD — Room/suite: 332

City or town, state or country, and ZIP + 4: BALTIMORE, MD 21286

**D** Employer identification number: 52-2031814

**E** Telephone number: 410-825-9388

**F** Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

*H and I are not applicable to section 527 organizations.*

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶ N/A

**G** Website: ▶ WWW.ABCF.ORG

**J** Organization type (check only one) ▶ ☒ 501(c) ( 3 ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return **Some states require a complete return.**

**M** Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 16,204,207.

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

| Section | Line | Description | Ref | Amount | Line | Total |
|---|---|---|---|---|---|---|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | | | | |
| | a | Direct public support | 1a | 16,174,600. | | |
| | b | Indirect public support | 1b | | | |
| | c | Government contributions (grants) | 1c | | | |
| | d | Total (add lines 1a through 1c) (cash $ 16,171,600. noncash $ 3,000.) | | | 1d | 16,174,600. |
| | 2 | Program service revenue including government fees and contracts (from Part VII, line 93) | | | 2 | |
| | 3 | Membership dues and assessments | | | 3 | |
| | 4 | Interest on savings and temporary cash investments | | | 4 | 4,133. |
| | 5 | Dividends and interest from securities | | | 5 | 6,016. |
| | 6 a | Gross rents | 6a | | | |
| | b | Less rental expenses | 6b | | | |
| | c | Net rental income or (loss) (subtract line 6b from line 6a) | | | 6c | |
| | 7 | Other investment income (describe ▶ ) | | | 7 | |
| | 8 a | Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other: | 8a | | | |
| | b | Less cost or other basis and sales expenses — (A) Securities: ; (B) Other: 23. | 8b | 23. | | |
| | c | Gain or (loss) (attach schedule) — (A) Securities: ; (B) Other: -23. | 8c | -23. | | |
| | d | Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1 | | | 8d | -23. |
| | 9 | Special events and activities (attach schedule). If any amount is from gaming, check here ▶ ☐ | | | | |
| | a | Gross revenue (not including $ ____ of contributions reported on line 1a) | 9a | | | |
| | b | Less direct expenses other than fundraising expenses | 9b | | | |
| | c | Net income or (loss) from special events (subtract line 9b from line 9a) | | | 9c | |
| | 10 a | Gross sales of inventory, less returns and allowances | 10a | | | |
| | b | Less cost of goods sold | 10b | | | |
| | c | Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) | | | 10c | |
| | 11 | Other revenue (from Part VII, line 103) | | | 11 | 19,458. |
| | 12 | **Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | | | 12 | 16,204,184. |
| Expenses | 13 | Program services (from line 44, column (B)) | | | 13 | 9,788,268. |
| | 14 | Management and general (from line 44, column (C)) | | | 14 | 180,216. |
| | 15 | Fundraising (from line 44, column (D)) | | | 15 | 4,734,128. |
| | 16 | Payments to affiliates (attach schedule) | | | 16 | |
| | 17 | **Total expenses** (add lines 16 and 44, column (A)) | | | 17 | 14,702,612. |
| Net Assets | 18 | Excess or (deficit) for the year (subtract line 17 from line 12) | | | 18 | 1,501,572. |
| | 19 | Net assets or fund balances at beginning of year (from line 73, column (A)) | | | 19 | 1,532,312. |
| | 20 | Other changes in net assets or fund balances (attach explanation) | | | 20 | 0. |
| | 21 | Net assets or fund balances at end of year (combine lines 18, 19, and 20) | | | 21 | 3,033,884. |

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523001 02-03-06 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2005)

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2

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

| *Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.* | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|---|---|---|---|---|
| 22 Grants and allocations (attach schedule) (cash $357,500. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐ | 22 | 357,500. | 357,500. | STATEMENT 4 | |
| 23 Specific assistance to individuals (attach schedule) | 23 | | | | |
| 24 Benefits paid to or for members (attach schedule) | 24 | | | | |
| 25 Compensation of officers, directors, etc.** | 25 | 169,184. | 124,452. | 23,415. | 21,317. |
| 26 Other salaries and wages | 26 | 339,184. | 249,505. | 46,936. | 42,743. |
| 27 Pension plan contributions | 27 | 6,942. | 5,278. | 861. | 803. |
| 28 Other employee benefits | 28 | | | | |
| 29 Payroll taxes | 29 | 42,206. | 31,655. | 5,487. | 5,064. |
| 30 Professional fundraising fees | 30 | 12,726,319. | 8,106,578. | | 4,619,741. |
| 31 Accounting fees | 31 | 45,685. | | 45,685. | |
| 32 Legal fees | 32 | | | | |
| 33 Supplies | 33 | 15,061. | 12,049. | 1,506. | 1,506. |
| 34 Telephone | 34 | 25,891. | 20,713. | 1,295. | 3,883. |
| 35 Postage and shipping | 35 | 25,892. | 20,714. | 1,295. | 3,883. |
| 36 Occupancy | 36 | 64,897. | 38,938. | 19,469. | 6,490. |
| 37 Equipment rental and maintenance | 37 | 4,672. | 3,333. | 888. | 451. |
| 38 Printing and publications | 38 | 28,525. | 25,673. | 1,426. | 1,426. |
| 39 Travel | 39 | 11,986. | 11,147. | 240. | 599. |
| 40 Conferences, conventions, and meetings | 40 | | | | |
| 41 Interest | 41 | 39. | 25. | 2. | 12. |
| 42 Depreciation, depletion, etc. (attach schedule) | 42 | 18,776. | 10,327. | 2,816. | 5,633. |
| 43 Other expenses not covered above (itemize): | | | | | |
| a | 43a | | | | |
| b | 43b | | | | |
| c | 43c | | | | |
| d | 43d | | | | |
| e | 43e | | | | |
| f | 43f | | | | |
| g SEE STATEMENT 2 | 43g | 819,853. | 770,381. | 28,895. | 20,577. |
| 44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) | 44 | 14,702,612. | 9,788,268. | 180,216. | 4,734,128. |

**Joint Costs.** Check ▶ [X] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ [X] Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs $ 12,726,319. , (ii) the amount allocated to Program services $ 8,106,578. , (iii) the amount allocated to Management and general $ 0. ; and (iv) the amount allocated to Fundraising $ 4,619,741.



** SEE STATEMENT 3

523011
02-03-06

**Part III Statement of Program Service Accomplishments** *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ TO PROVIDE FUNDS FOR BREAST CANCER RESEARCH AND EDUCATION

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

| | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|---|---|
| **a** THE AMERICAN BREAST CANCER FOUNDATION HAS REACHED HUNDREDS OF THOUSANDS OF PEOPLE BY TELEPHONE, EDUCATIONAL MESSAGES AND NEWSLETTERS. FUNDS HAVE BEEN PROVIDED FOR MAMMOGRAM EXAMS FOR WOMEN WHO COULD NOT OTHERWISE AFFORD THEM. (Grants and allocations $ 357,500. ) If this amount includes foreign grants, check here ▶ ☐ | 9,788,268. |
| **b** (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | |
| **c** (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | |
| **d** (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | |
| **e** Other program services (attach schedule) (Grants and allocations $ ) If this amount includes foreign grants, check here ▶ ☐ | |
| **f Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶ | 9,788,268. |

Form **990** (2005)

523021
02-03-06

**Part IV Balance Sheets** *(See the instructions.)*

**Note:** *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*

| | Line | Description | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|---|---|
| Assets | 45 | Cash - non-interest-bearing | | | 1,878,175. | 45 | 3,078,700. |
| | 46 | Savings and temporary cash investments | | | | 46 | 263,113. |
| | 47 a | Accounts receivable | 47a | | | | |
| | b | Less: allowance for doubtful accounts | 47b | | 304. | 47c | |
| | 48 a | Pledges receivable | 48a | | | | |
| | b | Less: allowance for doubtful accounts | 48b | | | 48c | |
| | 49 | Grants receivable | | | | 49 | |
| | 50 | Receivables from officers, directors, trustees, and key employees | | | | 50 | |
| | 51 a | Other notes and loans receivable | 51a | | | | |
| | b | Less: allowance for doubtful accounts | 51b | | | 51c | |
| | 52 | Inventories for sale or use | | | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | | | 53 | 2,126. |
| | 54 | Investments - securities STMT 5 ▶ ☐ Cost ☒ FMV | | | 0. | 54 | 207,214. |
| | 55 a | Investments - land, buildings, and equipment: basis | 55a | | | | |
| | b | Less: accumulated depreciation | 55b | | 51,247. | 55c | |
| | 56 | Investments - other | | | 201,198. | 56 | 0. |
| | 57 a | Land, buildings, and equipment: basis | 57a | 200,848. | | | |
| | b | Less: accumulated depreciation | 57b | 128,062. | | 57c | 72,786. |
| | 58 | Other assets (describe ▶ SEE STATEMENT 6 ) | | | 4,807. | 58 | 4,668. |
| | 59 | **Total assets** (must equal line 74). Add lines 45 through 58 | | | 2,135,731. | 59 | 3,628,607. |
| Liabilities | 60 | Accounts payable and accrued expenses | | | 603,419. | 60 | 594,723. |
| | 61 | Grants payable | | | | 61 | |
| | 62 | Deferred revenue | | | | 62 | |
| | 63 | Loans from officers, directors, trustees, and key employees | | | | 63 | |
| | 64 a | Tax-exempt bond liabilities | | | | 64a | |
| | b | Mortgages and other notes payable | | | | 64b | |
| | 65 | Other liabilities (describe ▶ ) | | | | 65 | |
| | 66 | **Total liabilities.** Add lines 60 through 65) | | | 603,419. | 66 | 594,723. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶** ☒ and complete lines 67 through 69 and lines 73 and 74. | | | | | |
| | 67 | Unrestricted | | | 1,532,312. | 67 | 2,504,875. |
| | 68 | Temporarily restricted | | | | 68 | 529,009. |
| | 69 | Permanently restricted | | | | 69 | |
| | | **Organizations that do not follow SFAS 117, check here ▶** ☐ and complete lines 70 through 74. | | | | | |
| | 70 | Capital stock, trust principal, or current funds | | | | 70 | |
| | 71 | Paid-in or capital surplus, or land, building, and equipment fund | | | | 71 | |
| | 72 | Retained earnings, endowment, accumulated income, or other funds | | | | 72 | |
| | 73 | **Total net assets or fund balances** (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21) | | | 1,532,312. | 73 | 3,033,884. |
| | 74 | **Total liabilities and net assets/fund balances.** Add lines 66 and 73 | | | 2,135,731. | 74 | 3,628,607. |

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

| | | | | | |
|---|---|---|---|---|---|
| a | Total revenue, gains, and other support per audited financial statements | | | a | 16,204,184. |
| b | Amounts included on line **a** but not on Part I, line 12: | | | | |
| 1 | Net unrealized gains on investments | b1 | | | |
| 2 | Donated services and use of facilities | b2 | | | |
| 3 | Recoveries of prior year grants | b3 | | | |
| 4 | Other (specify): | b4 | | | |
| | Add lines **b1** through **b4** | | | b | 0. |
| c | Subtract line **b** from line **a** | | | c | 16,204,184. |
| d | Amounts included on Part I, line 12, but not on line **a**: | | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | | |
| 2 | Other (specify): | d2 | | | |
| | Add lines **d1** and **d2** | | | d | 0. |
| e | **Total revenue** (Part I, line 12). Add lines **c** and **d** ▶ | | | e | 16,204,184. |

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

| | | | | | |
|---|---|---|---|---|---|
| a | Total expenses and losses per audited financial statements | | | a | 14,702,612. |
| b | Amounts included on line **a** but not on Part I, line 17: | | | | |
| 1 | Donated services and use of facilities | b1 | | | |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | | | |
| 3 | Losses reported on Part I, line 20 | b3 | | | |
| 4 | Other (specify): | b4 | | | |
| | Add lines **b1** through **b4** | | | b | 0. |
| c | Subtract line **b** from line **a** | | | c | 14,702,612. |
| d | Amounts included on Part I, line 17, but not on line **a**: | | | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | | | |
| 2 | Other (specify): | d2 | | | |
| | Add lines **d1** and **d2** | | | d | 0. |
| e | **Total expenses** (Part I, line 17). Add lines **c** and **d** ▶ | | | e | 14,702,612. |

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|---|---|---|---|
| SEE STATEMENT 7 | | 164,256. | 4,928. | 0. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Part V-A Current Officers, Directors, Trustees, and Key Employees** *(continued)*

| | | | Yes | No |
|---|---|---|---|---|
| 75 a | Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 9 | | | |
| b | Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) SEE STATEMENT 8 | 75b | X | |
| c | Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? | 75c | | X |
| | **Note.** Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization | | | |
| d | Does the organization have a written conflict of interest policy? | 75d | X | |

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|---|---|---|---|---|
| NONE | | | | |

**Part VI Other Information** *(See the instructions.)*

| | | | Yes | No |
|---|---|---|---|---|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 76 | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes. | 77 | | X |
| 78 a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | 78a | | X |
| b | If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A | 78b | | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | 79 | | X |
| 80 a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | 80a | | X |
| b | If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt | | | |
| 81 a | Enter direct or indirect political expenditures. (See line 81 instructions.) 81a 0. | | | |
| b | Did the organization file **Form 1120-POL** for this year? | 81b | | X |

**Part VI Other Information** *(continued)*

| | | | | Yes | No |
|---|---|---|---|---|---|
| 82 a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | | 82a | X | |
| b | If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) | 82b | | | |
| 83 a | Did the organization comply with the public inspection requirements for returns and exemption applications? | | 83a | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | | 83b | X | |
| 84 a | Did the organization solicit any contributions or gifts that were not tax deductible? | | 84a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | N/A | 84b | | |
| 85 | *501(c)(4), (5), or (6) organizations.* a Were substantially all dues nondeductible by members? | N/A | 85a | | |
| b | Did the organization make only in-house lobbying expenditures of $2,000 or less? | N/A | 85b | | |
| | If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year. | | | | |
| c | Dues, assessments, and similar amounts from members | 85c N/A | | | |
| d | Section 162(e) lobbying and political expenditures | 85d N/A | | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices | 85e N/A | | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) | 85f N/A | | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | N/A | 85g | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | N/A | 85h | | |
| 86 | *501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12 | 86a N/A | | | |
| b | Gross receipts, included on line 12, for public use of club facilities | 86b N/A | | | |
| 87 | *501(c)(12) organizations.* Enter: a Gross income from members or shareholders | 87a N/A | | | |
| b | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) | 87b N/A | | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | | 88 | | X |

89 a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.

| | | | Yes | No |
|---|---|---|---|---|
| b | *501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | 89b | | X |

c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.

d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.

90 a List the states with which a copy of this return is filed ▶SEE ATTACHED LIST

b Number of employees employed in the pay period that includes March 12, 2005 90b 14

91 a The books are in care of ▶ PHYLLIS WOLF Telephone no ▶ 410-825-9388

Located at ▶ 1220-B EAST JOPPA ROAD, SUITE 328, BALTIMORE, MD ZIP + 4 ▶21286

| | | | Yes | No |
|---|---|---|---|---|
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 91b | | X |
| | If "Yes," enter the name of the foreign country ▶ N/A | | | |
| | See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts. | | | |
| c | At any time during the calendar year, did the organization maintain an office outside of the United States? | 91c | | X |
| | If "Yes," enter the name of the foreign country ▶ N/A | | | |

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041**- Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities** *(See the instructions.)*

| *Note: Enter gross amounts unless otherwise indicated.* | Unrelated business income (A) Business code | (B) Amount | Excluded by section 512, 513, or 514 (C) Exclusion code | (D) Amount | (E) Related or exempt function income |
|---|---|---|---|---|---|
| 93 Program service revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | |
| 95 Interest on savings and temporary cash investments | | | 14 | 4,133. | |
| 96 Dividends and interest from securities | | | 14 | 6,016. | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from personal property | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | -23. | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: | | | | | |
| a LIST RENTALS | | | 15 | 19,458. | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 0. | | 29,584. | 0. |

**105 Total** (add line 104, columns (B), (D), and (E)) ▶ 29,584.

**Note:** *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** *(See the instructions.)*

| Line No. ▼ | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes) |
|---|---|
| | N/A |

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** *(See the instructions.)*

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|---|---|---|---|---|
| | % | | | |
| N/A | % | | | |
| | % | | | |
| | % | | | |

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

**Note:** *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions).*

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

▶ Phyllis Wolf — Signature of officer | 11-9-2006 — Date | ▶ PHYLLIS WOLF, PRESIDENT — Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ [signature] | Date 11/7/06 | Check if self-employed ▶ ☐ | Preparer's SSN or PTIN

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HERTZBACH & COMPANY, P.A. 10 MUSIC FAIR ROAD OWINGS MILLS, MD 21117 | EIN ▶ | Phone no ▶ 410-363-3200

523163 02-03-06

**SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate instructions.)**

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

**2005**

Name of the organization: THE AMERICAN BREAST CANCER FOUNDATION INC.

Employer identification number: 52 2031814

**Part I** **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None.")

| (a) Name and address of each employee paid more than $50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|---|---|---|---|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over $50,000 ▶ | 0 | | | |

**Part II-A** **Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NON PROFIT PROMOTIONS<br>828 DULANEY VALLEY ROAD SUITE 10, TOWSON, MD 2120 | FUNDRAISING/SOLICITATION SERVICES | 5175006. |
| COMMUNITY SUPPORT, INC.<br>312 EAST WISCONSIN AVE. SUITE 408, MILWAUKEE, WI | FUNDRAISING/SOLICITATION SERVICES | 3939109. |
| ORGANIZATIONAL DEVELOPMENT, INC.<br>5311 LAKE WORTH ROAD, LAKE WORTH, FL 33463 | FUNDRAISING/SOLICITATION SERVICES | 1782830. |
| PREFERRED COMMUNITY SERVICES<br>5696 W. 74TH STREET, INDIANAPOLIS, IN 46278 | FUNDRAISING/SOLICITATION SERVICES | 1090883. |
| NEWPORT CREATIVE COMMUNICATIONS<br>33 RAILROAD AVE. SUITE #1, DUXBURY, MA 02332-3807 | FUNDRAISING/SOLICITATION SERVICES | 530,171. |
| Total number of others receiving over $50,000 for professional services ▶ 0 | | |

**Part II-B** **Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None" See page 2 of the instructions )

| (a) Name and address of each independent contractor paid more than $50,000 | (b) Type of service | (c) Compensation |
|---|---|---|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over $50,000 for other services ▶ 0 | | |

**Part III Statements About Activities** (See page 2 of the instructions )

| | | | Yes | No |
|---|---|---|---|---|
| 1 | During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B ) | 1 | | X |
| | Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities. | | | |
| 2 | During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)* | | | |
| a | Sale, exchange, or leasing of property? | 2a | | X |
| b | Lending of money or other extension of credit? | 2b | | X |
| c | Furnishing of goods, services, or facilities? | 2c | | X |
| d | Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990 | 2d | X | |
| e | Transfer of any part of its income or assets? | 2e | | X |
| 3 a | Do you make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments ) | 3a | | X |
| b | Do you have a section 403(b) annuity plan for your employees? | 3b | | X |
| c | During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? | 3c | | X |
| 4 a | Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? | 4a | | X |
| b | Do you provide credit counseling, debt management, credit repair, or debt negotiation services? | 4b | | X |

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶ ______

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

11b ☐ A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )

12 ☐ An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in. **(1)** lines 5 through 12 above; or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 of the instructions )

| **(a)** Name(s) of supported organization(s) | **(b)** Line number from above |
|---|---|
| | |
| | |
| | |

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions )

**Part IV-A** **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
**Note:** *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2003 | (c) 2002 | (d) 2001 | (e) Total |
|---|---|---|---|---|---|
| 15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) | 11,179,137. | 7,316,830. | 4,428,887. | 3,501,553. | 26,426,407. |
| 16 Membership fees received | | | | | |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose | | 56,361. | 22,391. | | 78,752. |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 119. | | 0. | 1,923. | 2,042. |
| 19 Net income from unrelated business activities not included in line 18 | | | | | |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge | | | | | |
| 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets | | 225. | SEE STATEMENT 9 | | 225. |
| 23 Total of lines 15 through 22 | 11,179,256. | 7,373,416. | 4,451,278. | 3,503,476. | 26,507,426. |
| 24 Line 23 minus line 17 | 11,179,256. | 7,317,055. | 4,428,887. | 3,503,476. | 26,428,674. |
| 25 Enter 1% of line 23 | 111,793. | 73,734. | 44,513. | 35,035. | |

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 528,573.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 0.

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 26,428,674.

d Add Amounts from column (e) for lines 18 2,042. 19 ______ 22 225. 26b ______ ▶ 26d 2,267.

e Public support (line 26c minus line 26d total) ▶ 26e 26,426,407.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 99.9914 %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2004) ______ (2003) ______ (2002) ______ (2001) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger of (1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year: N/A

(2004) ______ (2003) ______ (2002) ______ (2001) ______

c Add. Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

NONE

## Part V Private School Questionnaire (See page 7 of the instructions ) N/A
### (To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | | Yes | No |
|---|---|---|---|---|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? | 31 | | |
| | If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement ) | | | |
| 32 | Does the organization maintain the following | | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | | |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement ) | | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | | |
| a | Students' rights or privileges? | 33a | | |
| b | Admissions policies? | 33b | | |
| c | Employment of faculty or administrative staff? | 33c | | |
| d | Scholarships or other financial assistance? | 33d | | |
| e | Educational policies? | 33e | | |
| f | Use of facilities? | 33f | | |
| g | Athletic programs? | 33g | | |
| h | Other extracurricular activities? | 33h | | |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement ) | | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | | |
| b | Has the organization's right to such aid ever been revoked or suspended? | 34b | | |
| | If you answered "Yes" to either 34a or b, please explain using an attached statement. | | | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | | |

**Part VI-A** **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions ) N/A
(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

| **Limits on Lobbying Expenditures** (The term "expenditures" means amounts paid or incurred ) | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|---|---|
| | | N/A | |
| 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | | |
| 37 Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | | |
| 38 Total lobbying expenditures (add lines 36 and 37) | 38 | | |
| 39 Other exempt purpose expenditures | 39 | | |
| 40 Total exempt purpose expenditures (add lines 38 and 39) | 40 | | |
| 41 Lobbying nontaxable amount Enter the amount from the following table - | 41 | | |
| 42 Grassroots nontaxable amount (enter 25% of line 41) | 42 | | |
| 43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | | |
| 44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | | |

| If the amount on line 40 is - | The lobbying nontaxable amount is - |
|---|---|
| Not over $500,000 | 20% of the amount on line 40 |
| Over $500,000 but not over $1,000,000 | $100,000 plus 15% of the excess over $500,000 |
| Over $1,000,000 but not over $1,500,000 | $175,000 plus 10% of the excess over $1,000,000 |
| Over $1,500,000 but not over $17,000,000 | $225,000 plus 5% of the excess over $1,500,000 |
| Over $17,000,000 | $1,000,000 |

**Caution:** *If there is an amount on either line 43 or line 44, you must file Form 4720.*

## 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

| | Lobbying Expenditures During 4-Year Averaging Period | | | | N/A |
|---|---|---|---|---|---|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | 0. |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | 0. |
| 47 Total lobbying expenditures | | | | | 0. |
| 48 Grassroots nontaxable amount | | | | | 0. |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | 0. |
| 50 Grassroots lobbying expenditures | | | | | 0. |

**Part VI-B** **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of | Yes | No | Amount |
|---|---|---|---|
| a Volunteers | | X | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | | X | |
| c Media advertisements | | X | |
| d Mailings to members, legislators, or the public | | X | |
| e Publications, or published or broadcast statements | | X | |
| f Grants to other organizations for lobbying purposes | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | X | |
| i Total lobbying expenditures (Add lines c through h.) | | | 0. |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

## Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

| | | Yes | No |
|---|---|---|---|
| a Transfers from the reporting organization to a noncharitable exempt organization of | | | |
| (i) Cash | 51a(i) | | X |
| (ii) Other assets | a(ii) | | X |
| b Other transactions | | | |
| (i) Sales or exchanges of assets with a noncharitable exempt organization | b(i) | | X |
| (ii) Purchases of assets from a noncharitable exempt organization | b(ii) | | X |
| (iii) Rental of facilities, equipment, or other assets | b(iii) | | X |
| (iv) Reimbursement arrangements | b(iv) | | X |
| (v) Loans or loan guarantees | b(v) | | X |
| (vi) Performance of services or membership or fundraising solicitations | b(vi) | | X |
| c Sharing of facilities, equipment, mailing lists, other assets, or paid employees | c | | X |

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

| (a) Line no | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|---|---|---|---|
| | | | |

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|---|---|---|
| | | |

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

| DESCRIPTION | | DATE ACQUIRED | DATE SOLD | METHOD ACQUIRED | |
|---|---|---|---|---|---|
| COMPUTER EQUIPMENT | | VARIOUS | 03/31/06 | PURCHASED | |
| **NAME OF BUYER** | **GROSS SALES PRICE** | **COST OR OTHER BASIS** | **EXPENSE OF SALE** | **DEPREC** | **NET GAIN OR (LOSS)** |
| JUNKED | 0. | 12,999. | 0. | 12,999. | 0. |
| **DESCRIPTION** | | **DATE ACQUIRED** | **DATE SOLD** | **METHOD ACQUIRED** | |
| FURNITURE | | VARIOUS | 03/31/06 | PURCHASED | |
| **NAME OF BUYER** | **GROSS SALES PRICE** | **COST OR OTHER BASIS** | **EXPENSE OF SALE** | **DEPREC** | **NET GAIN OR (LOSS)** |
| JUNKED | 0. | 1,449. | 0. | 1,426. | -23. |
| **DESCRIPTION** | | **DATE ACQUIRED** | **DATE SOLD** | **METHOD ACQUIRED** | |
| OFFICE EQUIPMENT | | VARIOUS | 03/31/06 | PURCHASED | |
| **NAME OF BUYER** | **GROSS SALES PRICE** | **COST OR OTHER BASIS** | **EXPENSE OF SALE** | **DEPREC** | **NET GAIN OR (LOSS)** |
| JUNKED | 0. | 18,865. | 0. | 18,865. | 0. |
| TO FM 990, PART I, LN 8 | | 33,313. | 0. | 33,290. | -23. |

FORM 990 OTHER EXPENSES STATEMENT 2

| DESCRIPTION | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING |
|---|---|---|---|---|
| ADVERTISING | 25,410. | 25,410. | 0. | 0. |
| AUTOMOBILE | 368. | 332. | 22. | 14. |
| INSURANCE | 38,112. | 28,584. | 4,955. | 4,573. |
| LICENSES AND PERMITS | 3,588. | 180. | 538. | 2,870. |
| MAMMOGRAM SERVICES | 619,916. | 619,916. | 0. | 0. |
| MEALS AND ENTERTAINMENT | 2,583. | 2,325. | 155. | 103. |
| OFFICE EXPENSE | 42,398. | 38,158. | 2,544. | 1,696. |

| | | | | |
|---|---|---|---|---|
| OUTSIDE SERVICES | 84,028. | 53,778. | 20,167. | 10,083. |
| TRAINING | 958. | 199. | 199. | 560. |
| UTILITIES | 2,142. | 1,499. | 215. | 428. |
| DONATIONS | 350. | 0. | 100. | 250. |
| TOTAL TO FM 990, LN 43 | 819,853. | 770,381. | 28,895. | 20,577. |

FORM 990 OFFICER COMPENSATION ALLOCATION STATEMENT 3
PART II, LINE 25

| NAME OF OFFICER, ETC. | COMPENSATION | EMPLOYEE BEN. PLANS | EXPENSE ACCOUNTS | TOTALS |
|---|---|---|---|---|
| PHYLLIS WOLF | 90,000. | 2,700. | | 92,700. |
| A. PROGRAM SERVICES | 66,204. | 1,986. | | 68,190. |
| B. MANAGEMENT AND GENERAL | 12,456. | 374. | | 12,830. |
| C. FUNDRAISING | 11,340. | 340. | | 11,680. |

| NAME OF OFFICER, ETC. | COMPENSATION | EMPLOYEE BEN. PLANS | EXPENSE ACCOUNTS | TOTALS |
|---|---|---|---|---|
| TAMMY WAGNER | 74,256. | 2,228. | | 76,484. |
| A. PROGRAM SERVICES | 54,623. | 1,639. | | 56,262. |
| B. MANAGEMENT AND GENERAL | 10,277. | 308. | | 10,585. |
| C. FUNDRAISING | 9,356. | 281. | | 9,637. |

| | |
|---|---|
| TOTAL PROGRAM SERVICES | 124,452. |
| TOTAL MANAGEMENT AND GENERAL | 23,415. |
| TOTAL FUNDRAISING | 21,317. |
| TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B | 169,184. |

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 4

| CLASSIFICATION | DONEE'S NAME | DONEE'S ADDRESS | DONEE'S RELATIONSHIP | AMOUNT |
|---|---|---|---|---|
| RESEARCH | JHU BREAST CANCER RESEARCH PROGRAM | 1650 ORLEANS ST, ROOM 409, BALTIMORE, MD | NONE | 357,500. |
| TOTAL INCLUDED ON FORM 990, PART II, LINE 22 | | | | 357,500. |

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

| SECURITY DESCRIPTION | COST/FMV | CORPORATE STOCKS | CORPORATE BONDS | OTHER PUBLICLY TRADED SECURITIES | TOTAL NON-GOV'T SECURITIES |
|---|---|---|---|---|---|
| MUTUAL FUNDS | FMV | | | 207,214. | 207,214. |
| TO FORM 990, LINE 54, COL B | | | | 207,214. | 207,214. |

FORM 990 OTHER ASSETS STATEMENT 6

| DESCRIPTION | AMOUNT |
|---|---|
| DEPOSITS | 3,562. |
| INTANGIBLE ASSETS | 1,106. |
| TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B | 4,668. |

FORM 990 PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7

| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN-SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE ACCOUNT |
|---|---|---|---|---|
| BRENDA LOUBE<br>1220-B EAST JOPPA ROAD, SUITE 332<br>BALTIMORE, MD 21286 | BOARD MEMBER<br>3.00 | 0. | 0. | 0. |
| CHRISTINE MITCHELL<br>1220-B EAST JOPPA ROAD, SUITE 332<br>BALTIMORE, MD 21286 | VICE CHAIR OF THE BOARD<br>3.00 | 0. | 0. | 0. |
| CLAUDINE BIDDISON<br>1220-B EAST JOPPA ROAD, SUITE 332<br>BALTIMORE, MD 21286 | BOARD MEMBER<br>3.00 | 0. | 0. | 0. |
| FRANCES KATSHA<br>1220-B EAST JOPPA ROAD, SUITE 332<br>BALTIMORE, MD 21286 | BOARD MEMBER<br>3.00 | 0. | 0. | 0. |
| GEORGE BROWN<br>1220-B EAST JOPPA ROAD, SUITE 332<br>BALTIMORE, MD 21286 | SECRETARY<br>3.00 | 0. | 0. | 0. |
| LINDA RAMIZA<br>1220-B EAST JOPPA ROAD, SUITE 332<br>BALTIMORE, MD 21286 | TREASURER OF THE BOARD<br>3.00 | 0. | 0. | 0. |
| PATRICIA HARGEST<br>1220-B EAST JOPPA ROAD, SUITE 332<br>BALTIMORE, MD 21286 | CHAIRPERSON OF THE BOARD<br>3.00 | 0. | 0. | 0. |
| PHYLLIS WOLF<br>1220-B EAST JOPPA ROAD, SUITE 332<br>BALTIMORE, MD 21286 | PRESIDENT<br>40.00 | 90,000. | 2,700. | 0. |
| TAMMY WAGNER<br>1220-B EAST JOPPA ROAD, SUITE 332<br>BALTIMORE, MD 21286 | EXECUTIVE DIRECTOR<br>40.00 | 74,256. | 2,228. | 0. |
| TOTALS INCLUDED ON FORM 990, PART V-A | | 164,256. | 4,928. | 0. |

FORM 990 EXPLANATION OF RELATIONSHIP STATEMENT 8
PART V-A, LINE 75B

| INDIVIDUAL'S NAME | TITLE OR ROLE |
|---|---|
| PHYLLIS WOLF | PRESIDENT |

| INDIVIDUAL'S NAME | TITLE OR ROLE |
|---|---|
| JOE WOLF | OWNER OF NON PROFIT PROMOTIONS |

EXPLANATION OF RELATIONSHIP

FAMILY MEMBERS

SCHEDULE A OTHER INCOME STATEMENT 9

| DESCRIPTION | 2004 AMOUNT | 2003 AMOUNT | 2002 AMOUNT | 2001 AMOUNT |
|---|---|---|---|---|
| OTHER INCOME | 0. | 225. | 0. | 0. |
| TOTAL TO SCHEDULE A, LINE 22 | 0. | 225. | 0. | 0. |

**AMERICAN BREAST CANCER FOUNDATION**
**Depreciation Expense [Depreciation]**
**GAAP**
**E:\ASSETS abcf.cdb**
**For the Period April 1, 2005 to March 31, 2006**

| Asset ID | Placed in service | Depr Meth/Conv | Life Yr Mo | Book Cost | Depr & AFYD This Period | YEAR TO DATE Beginning Accum Depr | Current Depr & AFYD | Net Sec 179/Sec 179A | Net Additions Deletions | Ending Accum Depr |
|---|---|---|---|---|---|---|---|---|---|---|
| *Class COMP* | | | | | | | | | | |
| AMBR000130 | COMPUTER EQUIPMENT | | | | | | | | | |
| | 12/18/1997 | SL100FM | 5 0 | 1,170 00 | 0 00 | 1,170 00 | 0 00 | 0 00 | -1,170 00 | 0 00 |
| AMBR000140 | COMPUTER EQUIPMENT | | | | | | | | | |
| | 12/20/1997 | SL100FM | 5 0 | 1,139 00 | 0 00 | 1,139 00 | 0 00 | 0 00 | -1,139 00 | 0 00 |
| AMBR000210 | COMPAQ 486 COMPUTER | | | | | | | | | |
| | 05/01/1997 | SL100FM | 5 0 | 700 00 | 0 00 | 635 67 | 0 00 | 0 00 | -635 67 | 0 00 |
| AMBR000280 | COMPUTER MONITOR | | | | | | | | | |
| | 10/21/1998 | SL100FM | 5 0 | 157 00 | 0 00 | 154 30 | 0.00 | 0 00 | -154 30 | 0 00 |
| AMBR000290 | COMPUTER PRINTER | | | | | | | | | |
| | 11/02/1998 | SL100FM | 5 0 | 257 00 | 0 00 | 257 00 | 0 00 | 0 00 | -257 00 | 0 00 |
| AMBR000300 | COMPUTER SYSTEM | | | | | | | | | |
| | 11/30/1998 | SL100FM | 5 0 | 1,354 00 | 0 00 | 1,331 17 | 0 00 | 0 00 | -1,331 17 | 0 00 |
| AMBR000310 | COMPUTER EQUIPMENT | | | | | | | | | |
| | 01/06/1999 | SL100FM | 5 0 | 412 00 | 0 00 | 412 00 | 0 00 | 0 00 | -412 00 | 0 00 |
| AMBR000350 | MONITOR AND ZIP DRIVE | | | | | | | | | |
| | 07/10/1998 | SL100FM | 5 0 | 346 00 | 0 00 | 346 00 | 0 00 | 0 00 | -346 00 | 0 00 |
| AMBR000360 | COMPUTER SYSTEM | | | | | | | | | |
| | 12/15/1998 | SL100FM | 5 0 | 1,159 00 | 0 00 | 1,159 00 | 0 00 | 0 00 | -1,159 00 | 0 00 |
| AMBR000470 | COMPUTER EQUIPMENT | | | | | | | | | |
| | 08/23/1999 | SL100FM | 5 0 | 1,280 00 | 0.00 | 1,258 33 | 0 00 | 0 00 | -1,258 33 | 0 00 |
| AMBR000480 | COMPUTER | | | | | | | | | |
| | 09/22/1999 | SL100FM | 5 0 | 842 00 | 0.00 | 827 77 | 0 00 | 0 00 | -827 77 | 0 00 |
| AMBR000490 | COMPUTER | | | | | | | | | |
| | 10/22/1999 | SL100FM | 5 0 | 913 00 | 0 00 | 897 70 | 0 00 | 0 00 | -897 70 | 0 00 |
| AMBR000710 | COMPUTERS | | | | | | | | | |
| | 01/30/2001 | SL100FM | 5 0 | 1,572 93 | 235 92 | 1,337 01 | 235 92 | 0 00 | -1,572 93 | 0 00 |
| AMBR000720 | COMPUTERS | | | | | | | | | |
| | 11/29/2000 | SL100FM | 5 0 | 1,697.43 | 198.02 | 1,499 41 | 198 02 | 0 00 | -1,697 43 | 0 00 |
| AMBR000750 | MONITOR - TAMMY | | | | | | | | | |
| | 06/22/2001 | SL100FM | 5 0 | 599 97 | 119 99 | 459 97 | 119 99 | 0 00 | 0 00 | 579 96 |
| AMBR000760 | DELL COMPUTER - TAMMY | | | | | | | | | |
| | 02/03/2002 | SL100FM | 5 0 | 1,947 94 | 389 59 | 1,233 70 | 389 59 | 0 00 | 0 00 | 1,623 29 |
| AMBR000770 | DELL COMPUTER MAUREEN | | | | | | | | | |
| | 02/03/2002 | SL100FM | 5 0 | 1,967 93 | 393 59 | 1,246 37 | 393 59 | 0 00 | 0 00 | 1,639 96 |
| AMBR000780 | DELL COMPUTER | | | | | | | | | |
| | 02/22/2002 | SL100FM | 5 0 | 2,691 75 | 538 35 | 1,704 77 | 538 35 | 0 00 | 0 00 | 2,243 12 |
| AMBR000790 | DELL COMPUTER | | | | | | | | | |
| | 03/03/2002 | SL100FM | 5 0 | 1,182.90 | 236 58 | 729 45 | 236.58 | 0 00 | 0 00 | 966 03 |
| AMBR000800 | 16 FXS Vina Box - 8 Data Channels, 16 Voice | | | | | | | | | |
| | 08/20/2001 | SL100FM | 5 0 | 3,158 62 | 631 72 | 2,316 31 | 631 72 | 0.00 | 0 00 | 2,948 03 |
| AMBR000810 | NETWORK SERVER & EQUIPMENT 800MHZ INFOR SERVER, 10 MODEM STATIONS, 10 VOICE & PERIPHERALS | | | | | | | | | |
| | 05/16/2001 | SL100FM | 5 0 | 8,605 00 | 1,721 00 | 6,740 58 | 1,721.00 | 0 00 | 0 00 | 8,461 58 |
| AMBR000830 | MULTIFUNCTIONAL IMAGE RUNNER, POWER FILTER DIGITAL WALL MOUNT | | | | | | | | | |
| | 04/01/2004 | SL100FM | 5 0 | 8,322 16 | 1,664 43 | 1,664 43 | 1,664 43 | 0 00 | 0 00 | 3,328 86 |
| AMBR000840 | RAISER'S EDGE COMPUTER SOFTWARE | | | | | | | | | |
| | 05/13/2004 | SL100FM | 5 0 | 20,945 00 | 4,189 00 | 3,839 92 | 4,189 00 | 0 00 | 0 00 | 8,028 92 |
| AMBR000850 | XEON SERVER AND NETWORK INSTALLATION | | | | | | | | | |
| | 05/13/2004 | SL100FM | 5 0 | 4,549 00 | 909 80 | 833 98 | 909 80 | 0 00 | 0.00 | 1,743 78 |
| AMBR000860 | COMPUTER MONITOR | | | | | | | | | |
| | 08/24/2004 | SL100FM | 5 0 | 4,143 32 | 828 66 | 552.44 | 828.66 | 0.00 | 0 00 | 1,381.10 |
| AMBR000890 | SONY TAPE DRIVE AND HP GHZ PROCESSOR | | | | | | | | | |
| | 01/05/2005 | SL100FM | 5 0 | 2,226 25 | 445 25 | 111 31 | 445 25 | 0 00 | 0 00 | 556 56 |
| AMBR000920 | COMPUTER - ACERS | | | | | | | | | |
| | 05/31/2005 | SL100FM | 5 0 | 2,165 96 | 397.09 | 0 00 | 397 09 | 0 00 | 0 00 | 397.09 |

| Asset ID | Placed in service | Depr Meth/Conv | Life Yr Mo | Book Cost | Depr & AFYD This Period | YEAR TO DATE Beginning Accum Depr | Current Depr & AFYD | Net Sec 179/Sec 179A | Net Additions Deletions | Ending Accum Depr |
|---|---|---|---|---|---|---|---|---|---|---|
| *Class COMP* | | | | | | | | | | |
| AMBR000940 | COMPUTER - NINA | | | | | | | | | |
| | 11/16/2005 | SL100FM | 5 0 | 2,357 51 | 196.46 | 0 00 | 196 46 | 0 00 | 0 00 | 196 46 |
| AMBR000950 | NINA'S COMPUTER | | | | | | | | | |
| | 12/06/2005 | SL100FM | 5 0 | 1,083 42 | 72 23 | 0 00 | 72 23 | 0 00 | 0 00 | 72 23 |
| AMBR000980 | COMPUTER AND MONITOR | | | | | | | | | |
| | 01/31/2006 | SL100FM | 5 0 | 1,254 01 | 62.70 | 0 00 | 62.70 | 0 00 | 0 00 | 62 70 |
| AMBR001060 | ACER VERITON 6800 PC | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 1,429 71 | 23 83 | 0 00 | 23 83 | 0 00 | 0 00 | 23 83 |
| AMBR001070 | ACER VERITON 6800 PC | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 1,429 71 | 23 83 | 0 00 | 23 83 | 0 00 | 0 00 | 23 83 |
| AMBR001080 | ACER VERITON 6800 PC | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 1,069 83 | 17 83 | 0 00 | 17 83 | 0 00 | 0 00 | 17 83 |
| AMBR001090 | VIEWSONIC 21" LCD | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 748 16 | 12 47 | 0 00 | 12 47 | 0 00 | 0 00 | 12 47 |
| AMBR001100 | VIEWSONIC 21" LCD | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 748 16 | 12 47 | 0 00 | 12 47 | 0 00 | 0 00 | 12 47 |
| AMBR001110 | LINKSYS ETHERNET PORT SWITCH | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 632.12 | 10 54 | 0 00 | 10 54 | 0 00 | 0 00 | 10 54 |
| AMBR001120 | ACER TRAVELMATE 4200 NOTEBOOK PC | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 1,196 32 | 19 94 | 0 00 | 19 94 | 0 00 | 0 00 | 19 94 |
| AMBR001130 | 3 LINKSYS ETHERNET PCI | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 144 36 | 2.41 | 0 00 | 2 41 | 0 00 | 0 00 | 2 41 |
| Less Disposals | Adjustment to eliminate cost values of disposed assets | | | | | | | | | |
| | | | | -12,999 36 | | | | | | |
| *Subtotal COMP (39)* | | | | 74,599 11 | 13,353 70 | 33,857 59 | 13,353 70 | 0 00 | -12,858 30 | 34,352.99 |
| *Class. F & F* | | | | | | | | | | |
| AMBR000500 | FURNITURE | | | | | | | | | |
| | 02/05/1998 | MS100AHY | 7 0 | 700 00 | 0 00 | 696.00 | 0 00 | 0 00 | -696 00 | 0 00 |
| AMBR000530 | CREDENZA | | | | | | | | | |
| | 05/01/1997 | MS100AHY | 7 0 | 100 00 | 0 00 | 100 00 | 0 00 | 0 00 | -100 00 | 0 00 |
| AMBR000580 | GLASS END TABLE | | | | | | | | | |
| | 05/01/1997 | MS100AHY | 7 0 | 200 00 | 0 00 | 199 14 | 0 00 | 0 00 | 0 00 | 199 14 |
| AMBR000620 | DESKS | | | | | | | | | |
| | 04/09/1998 | SL100FM | 7 0 | 449 00 | 0 00 | 449 00 | 0 00 | 0 00 | -449 00 | 0 00 |
| AMBR000630 | PEDESTAL TABLES | | | | | | | | | |
| | 04/15/1998 | SL100FM | 7 0 | 375 00 | 0 00 | 375 00 | 0 00 | 0 00 | 0 00 | 375 00 |
| AMBR000640 | 8 LEATHER CHAIRS | | | | | | | | | |
| | 04/23/1998 | SL100FM | 7 0 | 1,160 00 | 0 00 | 1,146 29 | 0 00 | 0 00 | 0 00 | 1,146 29 |
| AMBR000730 | 2 FILE CABINETS | | | | | | | | | |
| | 05/01/1997 | SL100FM | 10 0 | 200 00 | 18 33 | 158 33 | 18 33 | 0 00 | -176 66 | 0 00 |
| AMBR000900 | OFFICE FURNITURE | | | | | | | | | |
| | 10/23/2004 | SL100FM | 7 0 | 1,129 95 | 161 42 | 80 71 | 161 42 | 0 00 | 0.00 | 242.13 |
| AMBR001030 | DESK | | | | | | | | | |
| | 03/09/2006 | SL100FM | 7 0 | 991 94 | 11 81 | 0 00 | 11 81 | 0 00 | 0 00 | 11.81 |
| AMBR001040 | DESK | | | | | | | | | |
| | 03/10/2006 | SL100FM | 7 0 | 1,059 94 | 12 62 | 0 00 | 12 62 | 0 00 | 0 00 | 12 62 |
| AMBR001050 | CHAIRS AND DESKS | | | | | | | | | |
| | 03/10/2006 | SL100FM | 7 0 | 1,079 93 | 12 86 | 0 00 | 12 86 | 0 00 | 0 00 | 12 86 |
| Less Disposals | Adjustment to eliminate cost values of disposed assets | | | | | | | | | |
| | | | | -1,449 00 | | | | | | |
| *Subtotal· F & F (12)* | | | | 5,996 76 | 217 04 | 3,204 47 | 217 04 | 0 00 | -1,421 66 | 1,999.85 |
| *Class LHIM* | | | | | | | | | | |
| AMBR001140 | TENANT IMPROVEMENTS | | | | | | | | | |
| | 03/23/2006 | SL100FM | 5 0 | 10,466 00 | 174 43 | 0.00 | 174.43 | 0 00 | 0.00 | 174 43 |
| *Subtotal LHIM (1)* | | | | 10,466 00 | 174 43 | 0 00 | 174.43 | 0 00 | 0.00 | 174.43 |
| *Class OFF* | | | | | | | | | | |
| AMBR000160 | CHANNEL BANK | | | | | | | | | |

| Asset ID | Placed In service | Depr Meth/Conv | Life Yr Mo | Book Cost | Depr & AFYD This Period | YEAR TO DATE | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Beginning Accum Depr | Current Depr & AFYD | Net Sec 179/Sec 179A | Net Additions Deletions | Ending Accum Depr |
| *Class OFF* | | | | | | | | | | |
| | 05/01/1997 | SL100FM | 5 0 | 1,200 00 | 0 00 | 1,200 00 | 0 00 | 0 00 | 0 00 | 1,200 00 |
| AMBR000240 | EQUIPMENT | | | | | | | | | |
| | 07/14/1998 | SL100FM | 5 0 | 1,620 00 | 0 00 | 1,620 00 | 0 00 | 0 00 | 0 00 | 1,620 00 |
| AMBR000260 | 8 SEAT PREDICTIV | | | | | | | | | |
| | 08/04/1998 | SL100FM | 5 0 | 13,000 00 | 0 00 | 13,000 00 | 0 00 | 0 00 | 0 00 | 13,000.00 |
| AMBR000320 | DIALING EQUIPMENT | | | | | | | | | |
| | 03/26/1999 | SL100FM | 5 0 | 9,000 00 | 0 00 | 9,000 00 | 0 00 | 0 00 | -9,000 00 | 0 00 |
| AMBR000370 | BREAST FORM | | | | | | | | | |
| | 12/18/1998 | SL100FM | 5 0 | 800 00 | 0 00 | 800 00 | 0 00 | 0 00 | 0 00 | 800 00 |
| AMBR000380 | MARKETING EQUIPMENT | | | | | | | | | |
| | 04/11/1998 | SL100FM | 5 0 | 7,200 00 | 0 00 | 7,200 00 | 0 00 | 0 00 | 0 00 | 7,200 00 |
| AMBR000390 | EQUIPMENT - FLA | | | | | | | | | |
| | 04/21/1999 | SL100FM | 5 0 | 865 00 | 0 00 | 851 00 | 0 00 | 0 00 | -851 00 | 0 00 |
| AMBR000400 | DIALERS | | | | | | | | | |
| | 04/23/1999 | SL100FM | 5 0 | 9,000 00 | 0 00 | 9,000 00 | 0 00 | 0 00 | -9,000 00 | 0 00 |
| AMBR000420 | MAILING MACHINE | | | | | | | | | |
| | 06/10/1999 | SL100FM | 5 0 | 19,258 00 | 0 00 | 19,258 00 | 0 00 | 0 00 | 0 00 | 19,258 00 |
| AMBR000430 | COPIER | | | | | | | | | |
| | 06/28/1999 | SL100FM | 5 0 | 320 00 | 0 00 | 320 00 | 0 00 | 0 00 | 0 00 | 320 00 |
| AMBR000460 | 2/3 DIALERS | | | | | | | | | |
| | 05/04/1999 | SL100FM | 5 0 | 34,198 14 | 0 00 | 34,198 14 | 0 00 | 0 00 | 0 00 | 34,198 14 |
| AMBR000820 | TELEMAIL DIALERS | | | | | | | | | |
| | 03/31/2002 | SL100FM | 5 0 | 13,500 00 | 2,700 00 | 8,325 00 | 2,700 00 | 0 00 | 0 00 | 11,025 00 |
| AMBR000870 | FAX MACHINE | | | | | | | | | |
| | 09/09/2004 | SL100FM | 5 0 | 674 87 | 134 97 | 78 73 | 134 97 | 0 00 | 0 00 | 213 70 |
| AMBR000880 | ELECTRONICS/APPLIANCES FROM BEST BUY | | | | | | | | | |
| | 09/23/2004 | SL100FM | 5 0 | 5,514 13 | 1,102 83 | 643 32 | 1,102 83 | 0 00 | 0 00 | 1,746 15 |
| AMBR000910 | FAX / COPIER - JO'S OFFICE | | | | | | | | | |
| | 04/01/2005 | SL100FM | 5 0 | 1,797 53 | 359 51 | 0 00 | 359 51 | 0 00 | 0 00 | 359 51 |
| AMBR000930 | NEW PHONE SYSTEM | | | | | | | | | |
| | 10/03/2005 | SL100FM | 7 0 | 6,774 00 | 483 86 | 0 00 | 483 86 | 0 00 | 0 00 | 483 86 |
| AMBR000960 | PRINTER - MARY | | | | | | | | | |
| | 01/03/2006 | SL100FM | 5 0 | 672 57 | 33 63 | 0 00 | 33 63 | 0 00 | 0 00 | 33 63 |
| AMBR000970 | PRINTER - MAUREEN | | | | | | | | | |
| | 01/19/2006 | SL100FM | 5 0 | 672 57 | 33 63 | 0 00 | 33 63 | 0 00 | 0 00 | 33 63 |
| AMBR001010 | PAM'S PRINTER | | | | | | | | | |
| | 03/31/2006 | SL100FM | 5 0 | 2,584 07 | 43 07 | 0 00 | 43 07 | 0 00 | 0 00 | 43 07 |
| Less Disposals | Adjustment to eliminate cost values of disposed assets | | | | | | | | | |
| | | | | -18,865 00 | | | | | | |
| *Subtotal OFF (20)* | | | | 109,785 88 | 4,891 50 | 105,494 19 | 4,891 50 | 0 00 | -18,851 00 | 91,534 69 |
| ***Grand Total*** | | | | 200,847 75 | 18,636 67 | 142,556 25 | 18,636 67 | 0 00 | -33,130 96 | 128,061.96 |

## LIST OF STATES WHERE REGISTERED

Alabama: Consumer Protection Section, 11 South Union Street, Montgomery, AL 36130
Alaska: Alaska Department Of Law, 1031 W. 4th Ave., Suite 200, Anchorage, AK 99501
Arkansas: Consumer Protection Division, 323 Center Street, 200 Tower Bldg, Little Rock, AR 72201
Arizona: Charitble Organization Registration, 1700 W. Washington St., 7th Floor, Phoenix, AZ 85007
California: Registry Of Charitable Trusts, 1300 I Street, Suite 101, Sacramento, CA 95814
Colorado: Office Of The Secretary Of State, 1560 Broadway, Suite 200, Denver, CO 80202
Connecticut: Public Charities Unit, 55 Elm Street, Hartford, CT 06106
Florida: Division Of Consumer Services, 407 S. Calhoun Street, #218, Tallahassee, FL 32399
Pinellas County, Florida: Department Of Consumer Protection, 15251 Roosevelt Blvd., Suite 209, Clearwater, F1 33760
Georgia: Office Of The Secretary Of State, 2 Martin Luther King Jr. Dr. SE, #802, Atlanta, GA 30334
Illinois: Charitable Trusts & Solicitations Div., 100 W. Randolph St., 12th Fl., Chicago, IL 60601
Indiana: Consumer Protection Division, 100 N. Senate Ave., Room 201, Indianapolis, IN 46204
Kansas: Secretary Of State's Office, 120 S.W. 10th Ave., 1st Flr. Mem. Hall, Topeka, KS 66612
Kentucky: Consumer Protection Division, 1024 Capital Center Drive, Frankfort, KY 40601
Jefferson County, Kentucky: Department Of Public Protection, 810 Barret Ave., Suite 128, Louisville, K1 40204
Louisiana: Consumer Protection Section, 301 Main Street, Suite 1250, Baton Rouge, LA 7080
Maine: Licensing & Enforcement Division, State House Station 35, Augusta, ME 04333
Maryland: Charitable Division, State House, Annapolis, MD 21401
Massachusetts: Division Of Public Charities, 1 Ashburton Place, Boston, MA 02108
Michigan: Consumer Protection & Charitable Trust, 690 Law Bldg, 525 W. Ottawa Street, Lansing, MI 48913
Minnesota: Charities Division, 445 Minnesota Street, Suite 1200, St Paul, MN 55101
Mississippi: Office Of The Secretary Of State, P O Box 136, Jackson, MS 39205
Missouri: Public Protection Unit, P O Box 899, Jefferson City, MO 65102
North Carolina: Secretary Of State, 2 South Salisbury Street, Raleigh, NC 27601
New Hampshire: Division Of Charitable Trusts, 33 Capitol Street, Concord, NH 03301
New Jersey: Division Of Consumer Affairs, 124 Halsey Street, 7th Floor, Newark, NJ 07101
New Mexico: , 111 Lomas Blvd., NW, Suite 300, Albuquerque, NM 87102
New York: Department Of State, 41 State Street, 12th Floor, Albany, NY 12207
North Dakota: Secretary Of State, 600 East Boulevard, Bismarck, ND 58505
Ohio: Charitable Foundation Section, 101 East Town Street, Columbus, OH 43215
Oklahoma: Oklahoma Secretary Of State, 2300 N. Lincoln Blvd., Room 101, Oklahoma City, OK 73105
Oregon: Department Of Justice, 1515 SW 5th Avenue, Suite 410, Portland, OR 97201
Pennsylvania: Bureau Of Charitable Organizations, 207 North Office Building, Harrisburg, PA 17120
Rhode Island: Charitable Organization Section, 233 Richmond Street, Suite 232, Providence, RI 02903
South Carolina: Office Of The Attorney General, P.O. Box 11350, Columbia, SC 29211
Tennessee: Division Of Charitable Solicitations, 312 Eighth Avenue North, 8th Floor, Nashville, TN 37243
Utah: Division Of Consumer Protection, 160 East 300 South, Salt Lake City, UT 45804
Virginia: Office Of The Attorney General, 1100 Bank Street, Richmond, VA 23219
Washington: Charitable Solicitation Division, 801 Capitol Way South, Olympia, WA 98504
West Virginia: Office Of The Secretary Of State, 1900 Kanawha Blvd., East, Charleston, WV 25305
Wisconsin: Dept Of Regulation & Licensing, 1400 E. Washington Avenue, Madison, WI 53702

Form 8868 (Rev. December 2004)
Department of the Treasury
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile.*

| **Type or print**<br>File by the due date for filing your return See instructions | Name of Exempt Organization<br>THE AMERICAN BREAST CANCER FOUNDATION INC. | **Employer identification number**<br>52-2031814 |
|---|---|---|
| | Number, street, and room or suite no. If a P.O. box, see instructions.<br>1220-B EAST JOPPA ROAD, NO. 332 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>BALTIMORE, MD 21286 | |

**Check type of return to be filed** (file a separate application for each return):

| | | |
|---|---|---|
| [X] Form 990 | [ ] Form 990-T (corporation) | [ ] Form 4720 |
| [ ] Form 990-BL | [ ] Form 990-T (sec. 401(a) or 408(a) trust) | [ ] Form 5227 |
| [ ] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069 |
| [ ] Form 990-PF | [ ] Form 1041-A | [ ] Form 8870 |

- The books are in the care of ▶ PHYLLIS WOLF
  Telephone No. ▶ 410-825-9388 FAX No. ▶
- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the **whole** group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until NOVEMBER 15, 2006 .
to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ______ or
▶ [X] tax year beginning APR 1, 2005 , and ending MAR 31, 2006 .

**2** If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

**3a** If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions $ ______

**b** If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit $ ______

**c** **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions $ N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.** Form **8868** (Rev 12-2004)

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05-01-05

Form **8868** (Rev. December 2004) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile.*

| Type or print<br>File by the due date for filing your return See instructions | Name of Exempt Organization<br>THE AMERICAN BREAST CANCER FOUNDATION INC. | Employer identification number<br>52-2031814 |
|---|---|---|
| | Number, street, and room or suite no. If a P.O. box, see instructions.<br>1220-B EAST JOPPA ROAD, NO. 332 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>BALTIMORE, MD 21286 | |

**Check type of return to be filed** (file a separate application for each return):

| | | |
|---|---|---|
| [X] Form 990 | [ ] Form 990-T (corporation) | [ ] Form 4720 |
| [ ] Form 990-BL | [ ] Form 990-T (sec. 401(a) or 408(a) trust) | [ ] Form 5227 |
| [ ] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069 |
| [ ] Form 990-PF | [ ] Form 1041-A | [ ] Form 8870 |

- The books are in the care of ▶ PHYLLIS WOLF
  Telephone No. ▶ 410-825-9388 FAX No. ▶
- If the organization does **not** have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a **Group Return,** enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the **whole** group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

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**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions